

PhD Mid Level Comprehensive Examination Form

Student Name: _____

Date of Meeting: _____

Initial Term of Enrollment: Fall 20____ Winter 20____ Summer 20____

Current Term of Enrollment (e.g. 2nd term, 3rd term etc.): _____ term

Please complete description of: (1) Selected Field of Study for Examination
(2) Discussion Papers
(3) Student's Performance

Recommendations:

[Empty box for Recommendations]

Action Plan Towards Degree Completion:

[Empty box for Action Plan Towards Degree Completion]

Anticipated Date for Next Advisory Committee Meeting (month/year): _____

Based on the material covered and the student's performance, we agree that (student name) _____ continue in the PhD program.

_____ Supervisor (please print legibly)	_____ Supervisor (signature)	
_____ Co or Joint Supervisor (please print legibly)	_____ Co or Joint Supervisor (signature)	
_____ Graduate Executive Member (please print legibly)	_____ Supervisor (signature)	
_____ Advisor No. 1 (please print legibly)	_____ Home Dept.	_____ Signature
_____ Advisor No. 2 (please print legibly)	_____ Home Dept.	_____ Signature
_____ Advisor No. 3 (please print legibly)	_____ Home Dept.	_____ Signature

Please Note: the completed form with signatures must be submitted to the Medical Biophysics Graduate Office, Room 407, Medical Sciences Bldg., Western Campus, within 24 hours of the meeting.